

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Aging Services

Request for Proposals

Stanford University's Chronic Disease Self-Management Program

**Lowell Arye
Deputy Commissioner**

August 29, 2013

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**State of New Jersey
Department of Human Services
Division of Aging Services
Request for Proposals
Stanford University's Chronic Disease Self-Management Program**

I. INTRODUCTION

The Division of Aging Services (DoAS) is soliciting request for proposals (RFP) to support and deliver Stanford University's Chronic Disease Self-Management Program. The purpose of the grant program is to strengthen the infrastructure for statewide delivery of the Chronic Disease Self-Management Program, referred to in New Jersey as "Take Control of Your Health", for adults with disabilities and/or chronic conditions, or their caregivers, in both English and Spanish and to strengthen the infrastructure of the Diabetes Self-Management Program. Grant program funds may not be used for any other chronic disease or self-management program.

Within this initiative, it is anticipated that up to twenty-six (26) awards, ranging from \$12,000 to \$25,000 based on four Scope of Service levels, will be available. Agencies may apply for only one grant. The grant project period will be November 1, 2013, through August 31, 2014.

II. BACKGROUND

Half of all Americans live with a chronic condition. Of those with a chronic condition, nearly half have multiple conditions. More than 1.7 million Americans die every year from chronic diseases and are responsible for 7 of every 10 deaths. One out of every 10 Americans (or 25 million people) suffer a major limitation in daily living from a chronic illness. The average health care cost for someone who has one or more chronic conditions is 5 times greater than for someone without any chronic conditions. The U.S. spends more on health care than any other country; 95% is for chronic conditions in older adults. Total spending on health care would rise from 16 percent of gross domestic product (GDP) in 2007 to 25 percent in 2025 and 37 percent in 2050.

The Chronic Disease Self Management Programs were developed by Stanford University. In the past 20 years, the Stanford Patient Education Research Center has developed, tested, and evaluated self-management programs for people with chronic health problems.

For many people, coping with a chronic health condition can be extremely trying. Fatigue, pain, breathing difficulties, sleeping problems, loss of energy, depression and anxiety about the future are common. This course helps people with chronic conditions overcome these daily challenges, and maintain an active, fulfilling life. Research confirms that following the course, participants increased healthful behaviors, believed

their health had improved, were less limited in their daily activities, were less bothered by their illness, and had greater confidence in their ability to manage their condition.

The program is based on self-efficacy theory and emphasizes problem solving, decision-making and confidence building. Participants learn about healthier ways to live, gain confidence and motivation to manage their health, and feel more positive about their lives. Research confirms that a year after completing this course, participants reported increased healthful behaviors, better symptom management, improved health status, fewer physician and hospital visits, and greater confidence in their ability to manage their condition.

Adults of all ages, who are experiencing chronic conditions such as arthritis, diabetes, heart disease, asthma, fibromyalgia, hypertension, depression or any other ongoing or long-term health condition(s) can attend. Their family members, friends and caregivers are also welcome, as they will benefit from the information personally and develop a better understanding of living with a chronic condition.

Small groups of participants (usually 10 to 15) meet for 2½ hours, once-a-week for six weeks. The highly interactive classes are led by pairs of trained volunteer leaders – most have chronic conditions themselves and have successfully adopted the techniques taught in the program. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Course participants will learn how to:

- manage symptoms;
- get started with healthy eating and exercise;
- communicate effectively with their doctor and health care team;
- manage their fear, anger and frustration;
- make daily tasks easier; and
- get more out of life.

The Diabetes Self-Management Program is a workshop for people with type 2 diabetes, or their caregivers. These workshops are also scripted and conducted similarly to CDSMP. It teaches the skills needed in the day-to-day management of diabetes and to maintain and/or increase life's activities.

Tomando Control de su Salud is not a translation of the Chronic Disease Self-Management Program; instead, it was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Spanish-speaking people with different chronic health problems attend together. Workshops are facilitated by two trained leaders. All workshops are given in Spanish without translators.

Programa de Manejo Personal de la Diabetes, or Spanish Diabetes Self Management is for Spanish-speaking people with type 2 diabetes. This is also a workshop given two and a half hours, once a week, for six weeks. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals who may also have diabetes themselves. All workshops are given in Spanish without translators.

The program is delivered year-round in various community settings such as recreation centers, libraries, community health centers and seniors' activity centers. The course is offered at no or low cost to participants, and they may receive a copy of the excellent reference book "Living a Healthy Life with Chronic Conditions".

There is a hierarchy of program administration that includes training. Stanford certifies T-Trainers who conduct full-week sessions for Master Trainers. Master Trainers who successfully complete the week long program, and facilitate two community workshops are certified by Stanford to conduct lay leader, or peer leader training. The Leaders Training Workshop is 4 full days. While there is a separate curriculum for CDSMP, DSMP, and Tomando Control de su Salud, all are based on the theoretical principles of self-efficacy. Each are taught using a structured protocol that outlines the content to be discussed and the methods to use during each activity. The methods of instruction are designed to facilitate group interaction and participation. The Leader Training program, like the workshop itself, is scripted to ensure program fidelity.

For more details about the chronic disease self-management program visit Stanford's website at <http://patienteducation.stanford.edu/programs/cdsmp.html>.

III. PURPOSE OF REQUEST

The purpose of these grants is to strengthen the infrastructure for statewide delivery of the Chronic Disease Self-Management Program for adults over age 60 with disabilities and/or chronic conditions in both English and Spanish. During this grant period, DHS will be working with service delivery systems to develop referral processes. Funded agencies must agree to enroll participants from outside referral sources, including Managed Care Organizations. Applicants must include in their application a commitment to accomplish the required activities and reach the number of individuals identified in the Scope of Service. Applicants must also include a plan for how activities will continue following the grant implementation period (see Attachment E). While a cash match is not required, the sustainability plan should reflect the resources the applicant is committing to this project.

All applicants must hold current Stanford University license for CDSMP, have a current partnership agreement with DHS to be covered by the state license, or execute a partnership agreement with DHS to be covered by the state's multi-site license (see Attachment J).

IV. REQUIRED SERVICE COMPONENTS

Scope of Service

Four levels of funding, each with a separate Scope of Service, are available (see Attachment E).

V. APPLICANT QUALIFICATIONS

To be eligible for consideration:

1. The applicants must be an agency currently providing the Take Control Program or an agency desiring to be trained to provide the Take Control Program at the Peer Leader Level.
2. Applications with individuals who currently are not certified to deliver the Program must commit to a mandatory four-day peer leader training, which will take place in the fall of 2013 in Mercer County, New Jersey.
3. Applicants must hold a current Stanford University license for the Chronic Disease Self-Management Program, or must have a current partnership agreement with the DHS to be covered by the State license, or must execute a partnership agreement with the DHS to be covered by the State's multi-site license.
4. The applicant must be a fiscally viable for-profit organization, non-profit organization, or governmental entity and document demonstrable experience in successfully providing evidence-based disease prevention and health promotion programs.
5. The applicant must be duly registered to conduct business in the State of New Jersey.
6. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS © (3) regulations, as applicable.
7. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

VI. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

Awards under this RFP will be clustered separately from other existing components for contract application and reporting. Funding will depend on the availability of funds. All

application and expenditure data pertaining to these contract funds must be presented independently of any other DoAS or non-DoAS funded program of the applicant/contractee.

VII. CONTRACT OVERVIEW/EXPECTATIONS

All proposals for this funding must be submitted through the state's SAGE online system. Paper submissions will not be considered. All applications must be submitted by 3:00 pm on October 4, 2013. Applicants may begin completing their applications online September 23, 2013.

In order to submit a proposal online, all applicants not already registered on SAGE must first request access to the SAGE system. Agencies already registered to use SAGE do not need to register again.

Because it will take up to 48 hours to be approved, we strongly encourage applicants who are not yet using SAGE to request access immediately. To gain access to the SAGE system, first complete the SAGE registration form (Attachment F) and submit to DHS as instructed on the form. Then go to www.sage.nj.gov. Click 'Request Access to SAGE', complete all requested information and click 'Save'. Be sure to write down the name, user name and password information you enter on SAGE. (Password must be 7-20 characters, letters and numbers only; the password is case sensitive). Please note that only the agency representative who registers on SAGE can access and complete the application.

The Department's SAGE coordinator will approve you as an applicant within several business days of request. Upon approval, you will receive a temporary password from the SAGE system which you will change when you log in.

Once you receive your temporary password, online prompts will guide you through the submission process. In addition, step-by-step instructions for submitting a proposal through SAGE are included in Attachment G, "Instruction for Completion of CDSMP Grants on SAGE".

VIII. GENERAL CONTRACTING INFORMATION

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Awardee(s) will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://slc.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DoAS upon award, and may also be subject to a pre-award audit survey.

Contract(s) awards, as a result of this RFP will be for ten (10) months. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. These resources may not replace existing DoAS funding allocation.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

IX. RFP APPLICATION

Download the RFP from the website at <http://www.state.nj.us/humanservices/providers/grants/rfp/rfprfi/>. **OR contact:**

Contact Andrea Brandsness
Community Resources, Education and Wellness Unit
Division of Aging Services
240 West State Street
P.O. Box 807
Trenton, NJ 08625-0807
Andrea.brandsness@dhs.state.nj.us
(609) 943-3500

X. TECHNICAL ASSISTANCE TELEPHONE CALL

All applicants intending to submit a proposal in response to this RFP are invited to participate in one of two scheduled voluntary technical assistance conference calls on September 23 or 24, 2013. Please email Lisa Bethea (lisa.bethea@dhs.state.nj.us) to register for one of the two calls. She will provide you with the codes to participate.

XI. SUBMISSION INSTRUCTIONS

Applicants must submit a letter of interest by 3:00pm on September 20, 2013, via fax to fax number: 609-943-4669, or via email to dennis.mcgowan@dhs.state.nj.us and with a copy to andrea.brandsness@dhs.state.nj.us. The letter of interest must include the name of the agency, the address of the agency (including municipality and zip code), the agency's telephone number, the name of the person who will be entering the grant application on-line, the email address of the person completing the grant application and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE). Those applicants submitting a letter of interest will be sent an electronic grant application package.

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE) by 3:00 pm on October 4, 2013. Late submissions and paper submissions will not be accepted.

XII. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD

A panel comprised primarily of DoAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity, and quality of the proposal (see Attachment H).

The DoAS reserves the right to reject any and all proposals when circumstances indicate that it is its best interest to do so. The DoAS will notify all applicants of preliminary award decisions no later than October 18, 2013.

XIII. APPEAL OF AWARD DECISIONS

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DoAS at the address below no later than 3:00 pm on October 25, 2013. The written request must set forth the basis for the appeal.

Appeals must be addressed to:

Nancy E. Day, Deputy Director
Division of Aging Services
240 West State Street
P.O. Box 807
Trenton, NJ 08625-0807
Fax: 609-943-4669

Please note that all costs incurred in connection with any appeals of DoAS decisions are considered unallowable costs for purposes of DoAS contract funding.

The DoAS will review appeals and render final funding decisions by October 30, 2013. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XIV. REQUIREMENTS FOR PROPOSALS

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE). Attachment H provides a detailed description of the information to be included in each section of the application, including page limits and scoring. Consideration will be given to geographic areas of service to assure program access for statewide CDSMP initiatives. The budgetary amounts for each task within each level of Scope of Services is clearly defined by DoAS (see Attachment E).

Documentation Requirements

The information/documents listed below are required for all providers under contract with DoAS (see Attachment G).

1. A copy of the applicant's code of ethics and/or conflict of interest policy;
2. A copy of the applicant's most recent organization-wide audited financial report;
3. A copy of the applicant's certification of incorporation;
4. A copy of the applicant's charitable registration status (if applicable);
5. A list of the board of directors, officers and their terms of office;
6. A list of those persons responsible and authorized within the organization to approve and certify binding documents, reports and financial information (DHS Standardized Board Resolution Form);
7. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made (if applicable);
8. A statement of assurance that all Federal and State laws and regulations are being followed. (Signed and dated)(Attachment B);
9. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Signed and dated) (Attachment C)
10. N.J.S.A. 52:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed & dated); and
11. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (Signed and dated) only for For-Profit organizations (see www.state.nj.us/treasury/purchase/forms.shtml).

These forms are available on the SAGE system (see Contract Reimbursement Manual and Contract Policy and Information Manual), included as attachments with this RFP, or provided by the agency. Required forms not already on SAGE must be signed, scanned and uploaded onto SAGE as Miscellaneous Attachments by the applicant.

ATTACHMENT A

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

NOTE: A separate signature is not required for this form. By submitting an application, the applicant is agreeing to the above.



ATTACHMENT B

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

ATTACHMENT C

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

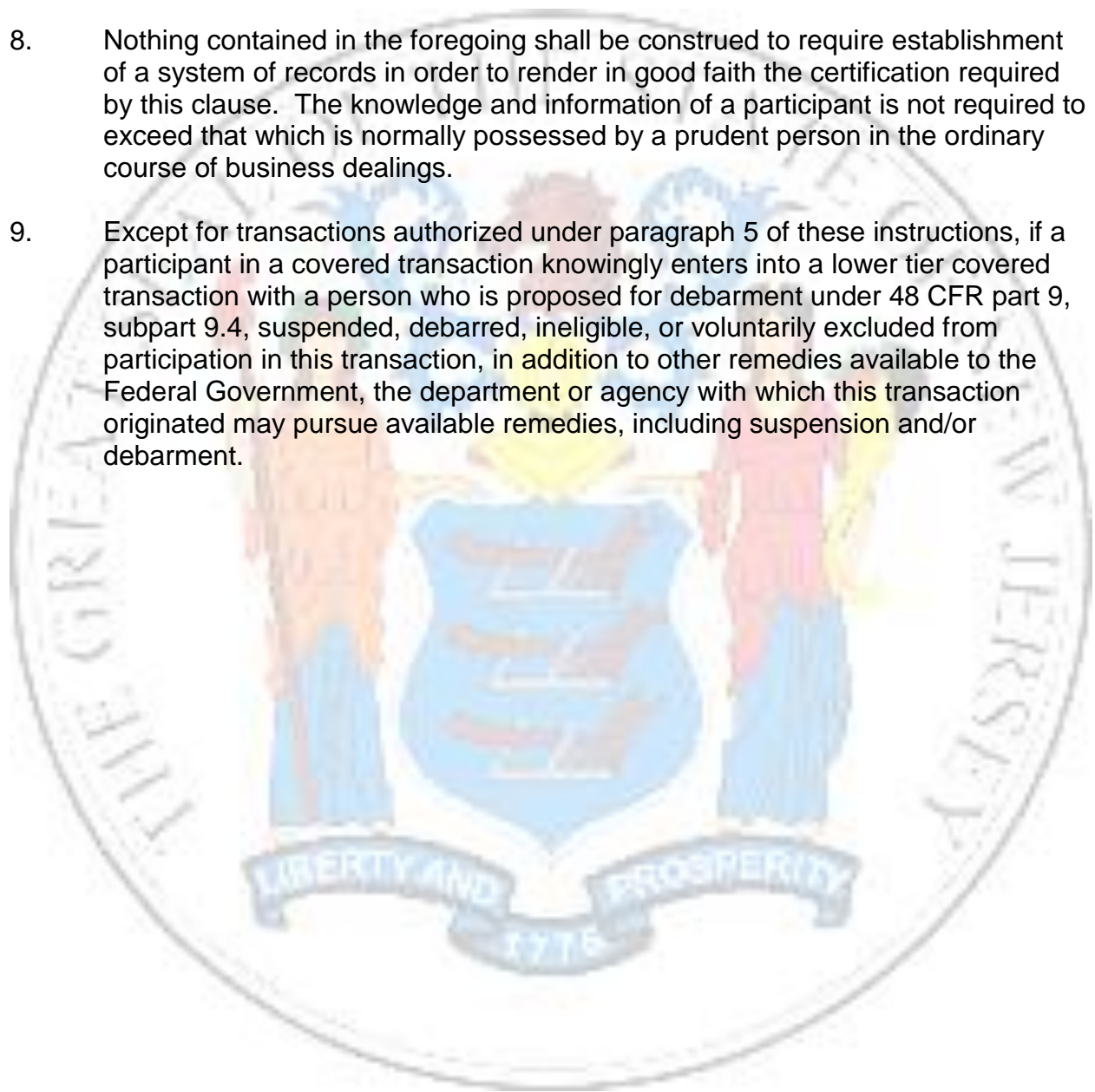
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed

for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



ATTACHMENT D

Annex B Schedule 4: Related Organization

Report on this schedule any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

NOTE: Submit a completed Schedule 4 only if applicable.



Contract #: _____

DHS (REV 7/86)

Agency: _____
Contract #: _____

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICE
SCHEDULE 4: RELATED ORGANIZATION
Page _____ of _____

Purpose:
() Budget Preparation
() Expenditure Report
Period Covered: _____ to _____

Period Covered: _____ to _____

[illegible]

ATTACHMENT E

Scope of Service and Budget Summary for Chronic Disease Self-Management Program (CDSMP) Grant Applications

Grant Period for all Levels: November 1, 2013 – August 31, 2014

Multiple grants are available for all Levels.

Applicants can cut and paste activities from the appropriate level into the “Cost Summary – Needs and Objectives” page in SAGE.

Applicants for Level 1 “Large CDSMP” (\$25,000) must:

Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops (\$500);

Activity 2: Deliver ten 6-week community workshops at a minimum of three different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants (\$18,000);

Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. *If agency has a sufficient number of trained peer leaders, an additional six-week workshop will be required in lieu of the training (\$1,500). Mandated training for new peer leaders: Ewing Township Public Library – November 12, 13, 19, and 20.

NOTE: There is no flexibility in these training dates; trainees must attend all 4 days of training

Activity 4: Develop, print, and distribute culturally appropriate marketing materials to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the counties identified for service (\$2,000);

Activity 5: Conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties (\$1,500);

Activity 6: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000); and

Activity 7: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).

Applicants for Level 2 “Small CDSMP” (\$12,000) must:

Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops (\$500);

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants (\$7,500);

Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. *If agency has a sufficient number of trained peer leaders, an additional six-week workshop will be required in lieu of the training (\$1,500). Mandated training for new peer leaders: Ewing Township Public Library – November 12, 13, 19, and 20.

NOTE: There is no flexibility in these training dates; trainees must attend all 4 days of training

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties (\$1,000);

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000); and

Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).

*Active peer leaders = leaders who successfully completed the 4-day CDSMP Peer Leader training course and have facilitated at least one workshop annually since being trained or attended Peer Leader Refresher within the past year.

Applicants for Level 3 “DSMP, Tomando Control de su Salud, and Programa de Manejo Personal de la Diabetes Capacity” (\$15,000) must:

Activity 1: Establish capacity and integrate DSMP, Tomando Control de su Salud, and / or Programa de Manejo Personal de la Diabetes into community organizations which have a health agenda and provide services to racial, ethnic minority populations to eliminate health disparities (\$500);

Activity 2: Coordinate core group of *active peer leaders to facilitate workshops (\$500);

Activity 3: (\$9,500.00)

- a. Deliver six 6-week DSMP, or Tomando Control de su Salud workshops with a focus on the following counties; Bergen, Hudson, Middlesex, Salem, Cumberland, Burlington, and Mercer. Each workshop will include a minimum of 10 participants, **OR**
- b. If the agency has Tomando Master Trainers;
Conduct Tomando Peer Leader Training for a minimum of 10 individuals.
Have Tomando Master Trainers attend Stanford’s Web-based Tomando Update Training – dates to be announced by Stanford in Fall 2013 and pay Stanford course fee directly (estimate \$250.00 per person).
Tomando Master Trainers must retrain all active Tomando Peer Leaders by 8/31/14.
Have Tomando Master Trainers attend Stanford’s 1-day Web-Based cross training for Spanish Diabetes or Programa de Manejo Personal de la Diabetes – date in November 2013 to be announced (agency to pay Stanford course fee of \$350.00 per person directly).
Deliver three 6-week community workshops in Spanish Diabetes.

Activity 4: Agency to review Diabetes Self Management Training Accreditation and Medicare Reimbursement protocols, utilize AoA Toolkit and other resources on the NCOA website

<http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease/diabetes-self-management.html>

to determine capacity, and document a detailed plan to pursue this (\$3,000);

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000); and

Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).

Applicants for Level 4 “CDSMP & Disabilities” (\$12,000) must:

Activity 1: Establish framework to integrate delivery of CDSMP into an existing disability service network, and coordinate a core group of *active Peer Leaders (\$500);

Activity 2: Develop and distribute appropriate marketing materials, and conduct community outreach to specifically target individuals with Disabilities and their caregivers (\$1,000);

Activity 3: Deliver five 6-week community workshops at a minimum of two different community locations. Each workshop will include a minimum of 10 participants (\$7,500);

Activity 4: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. (\$1,500) *If agency has a sufficient number of trained peer leaders, a sixth six-week workshop will be required in lieu of the training. Mandated training for new peer leaders: Ewing Township Public Library – November 12, 13, 19, and 20.

NOTE: There is no flexibility in these training dates; trainees must attend all 4 days of training

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHSS grant narrative and fiscal reporting requirements (\$1,000); and

Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).



ATTACHMENT F

New Jersey Department of Human Services (DHS) **Instructions -For Adding a new Agency/Organizations Into SAGE** **APPLICANT**

First time applicants, whose organization has never registered in SAGE, need to complete this form and submit it to DHS. DHS staff will verify certain information to ensure you satisfy DHS requirements. When DHS requirements are met, your organization will be validated in SAGE.

NOTE: This does not give you access to an application. Contact the granting agency to be made eligible for the program.

Instructions:

- 1 **Complete FORM For Adding Agency Organizations Into SAGE**
- 2 **Identify** your **Authorized Official**. If you have none, have the Authorized Official register as a new user before this form is submitted. The new Authorized Official will be validated and assigned to the organization when the organization is validated.
- 3 **Sign a hard copy** of the **FORM For Adding Agency Organizations Into SAGE** and **submit** it via a FAX or email attachment to Noah Cencetti
 - a. FAX 609 943-3355
 - b. Email: noah.cencetti@dhs.state.nj.us
4. Any questions or technical assistance related to SAGE, contact Noah Cencetti at SAGE Helpdesk 609-943-3454 or via email noah.cencetti@dhs.state.nj.us

FORM For Adding Agency Organizations Into SAGE

Name (Exact Legal Name)*	
Federal Tax I.D. Number*	
NJ Vendor ID Number (Treasury ID Number)*	
DUNS Number*	
Address*	
City*	
State*	
Zip code*	
County*	
Phone Number*	
FAX Number	
Email*	
Website	
Authorized Official* (see note 1)	

* required information.

To be approved by DHS, your organization must have a (please verify below):

____ W-9 Vendor Identification Number in the State Treasury System

The signature below certifies that the Authorized Official is duly authorized by the governing body of the applicant to submit any and all grants on behalf of this agency; and that, to the best of your knowledge, all information provided is true and accurate.

SIGNATURE _____ DATE _____

PRINT NAME: _____

Note 1. Identify your validated Authorized Official, or if none, identify Authorized Official and have them register as a new user before submitting. A newly registered Authorized Official will be validated when the organization is validated.

ATTACHMENT G

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR Chronic Disease Self-Management Program (CDSMP) Grants on NJ System for Administering Grants Electronically (SAGE)

1. Upon approval of *Letter of Interest* submitted by applicant, organization will be granted access to the *CDSMP Sustainability 2013* application on SAGE.
2. Log-into www.sage.nj.gov with user name and password you specified at the time of SAGE registration.
3. Once logged-in, on left side of screen see box **“MY DOCUMENTS”**
 - Click on drop-down menu to show “All My Documents” and click “GO”
 - click on *CDSMP Sustainability 2013*; then
 - click on **“CREATE NEW CDSMP Sustainability 2013**
4. When asked “Are you sure you want to create a CDSMP Sustainability application”, click “I Agree.”
5. On right side of screen go to box titled **FORMS**. Click on file marked **“Grant Application Forms”**
 - Will see the following forms listed:
 - Standard Language Document for Social Service and Training Contracts
 - DHS Organization Information Review Sheet
 - Application Summary
 - Project Location
 - Needs and Objectives of Project
 - Additional Site Locations
 - Miscellaneous Attachments
6. Click on **Standard Language Document for Social Service and Training Contracts**. This page will have a link to the contract agreement for the Department of Human Services containing the terms and conditions of the grant. Once you have read the agreement, you must check the certification box, insert the certifying officials name and title and save the page.
7. Click on **DHS Organization Information Review Sheet**. Questions are self explanatory. Click “save” when completed.

8. Click on **Application Summary**: Most questions are self explanatory. Here are tips for some of the questions:

- Project title: **CDSMP** _____ (add title of Level you are applying for)
- Select Payment Plan as “**Cost-Reimbursement**”
- Certificate of Need is “**not required**”
- Name of NJDHS Program Manager: **Andrea Brandsness**
- Type of Request: select **New**
- Budget Period and Project Period are the same: **11/01/2013 to 08/31/2014.**
- Funds requested: Enter amount of funds associated with level of grant requested (see Attachment E)
- Funds from Other Sources: **none required.**

IMPORTANT: Click “**Save**” after completing each form, then click “Next”. Your application will now show under your documents as “*Application in Process*”. You can log off SAGE and return to edit application at any time while application is in this status.

9. Click on **Project Location**: only list the county(ies) and municipalities where the CDSMP workshops will be offered by your organization Click “Save” when completed and click “Next”.

10. Click on **Needs and Objectives**:

a. **Assessment of Need:**

Up to 2 additional pages (double-spaced, 12 point font, 1 inch margins) may be included as an Attachment under “Miscellaneous Attachments” (excess pages will not be considered)

For example: Level Two

- Target population identified (must include people 60 and older)
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships
- Targeted geographic area(s)
- Existing capacity for CDSMP in the targeted geographic area(s)
- Key partners applicant agency will work with to complete contracted activities
- Identify any additional funding being used by the applicant agency to support CDSMP in the implementation area (should include grant funding, public funds, etc).

Objectives of the Project:

Objectives must match the scope of service included in Attachment E.

For example: Level Two

Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops.

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants.

Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. *If agency has a sufficient number of trained peer leaders, an additional six-week workshop will be required in lieu of the training.

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability.

b. **Cost of Project:**

Costs must match the budget lines included in Attachment E.

For example: Level Two

Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops (\$500);

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants (\$7,500);

Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. *If agency has a sufficient number of trained peer leaders, an additional six-week workshop will be required in lieu of the training (\$1,500).

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties (\$1,000);

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000); and

Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).

Click "Save when page completed and then click "Next".

11. Click on **Additional Site Locations**: Complete this page only if you wish to include additional sites beyond those identified in Project Location. If no additional sites are planned, leave blank and save.

Click **“Save”** when page completed and then click **“Next”**.

12. Click on **Miscellaneous Attachments**:

Attachment #1

Needs Assessment: *Optional*

Up to two additional pages may be uploaded as needed to address items identified above. (12 point font, double-spaced, 1 inch margins)

Attachment #2

Plan for Sustainability *Required*

Upload one page (12 point font, double-spaced, 1 inch margins) to address the applicant's plan for sustainability beyond the grant period. The agency's commitment of resources to the project should be included.

Attachment #3

Agency's CDSMP Leader Capacity *Required*

Applicants must demonstrate availability of sufficient number of trained peer leaders/master trainers to complete the scope of service for the grant they are requesting. Note that if additional people will be trained as peer leaders to fulfill the scope of service, they must attend a 4-day peer leader training program at the Ewing Branch of the Mercer County Library System, 9:30 – 4:30 pm, November 12, 13, 19, and 20. (There is no flexibility in these training dates –trainees must attend all 4 days.) Master training for CDSMP (English) will not be offered as part of this funding opportunity.

For current leaders, please identify *Required*

Name

Whether a peer leader or master trainer

When trained, or updated in the 2012 version of CDSMP and by whom

Address

Phone

Email

Agency Affiliation

Experience with CDSMP

For individuals to be trained as peer leaders, please identify *Required*

Select individuals who meet the criteria listed in the “Peer Leader Information” document.

Name

Address

Phone

Email

Agency Affiliation

2-3 Sentence Bio.

Attachment #3

CDSMP License or Partnership Agreement *Required*

Applicants must upload either a current license with Stanford University for the delivery of CDSMP, or a signed partnership agreement (Attachment I from RFP Package) with the Department of Human Services to deliver the program under the State's license.

Attachment #4

DHS Standardized Board Resolution Form *Required*

In this RFP packet, complete Attachment J and attach.

Attachment #5

DHS Statement of Assurances *Required*

In this RFP packet, complete Attachment B and attach.

Attachment #6

Certification Regarding Debarment, etc. *Required*

In this RFP packet, complete Attachment C and attach.

Attachment #7

Annex B Schedule 4: Related Organizations *Required, if applicable*

In this RFP packet, complete Attachment D and attach.

Attachment #8

Organizational Chart *Required*

Attach.

Attachment #9

NJ Charities Registration *Required, if applicable*

Attach.

Attachment #10

Proof of Non-Profit Status (501C3) *Required, if applicable*

Attach.

Attachment #11

Certificate of Incorporation *Required, if applicable*

Attach.

Attachment #12

Certificate of Employee Information Report (AA302) *Required*

Can be found at <http://www.state.nj.us/treasury/purchase/forms.shtml>. Attach.

Attachment #13

Proof of Indirect Rate *Required, if applicable*

Attach.

Attachment #14

Annual Audit Report or Statement of Gross Revenue *Required*
Attach.

Attachment #15

Audit engagement Letter *Required*
Attach.

Attachment #16

Insurance Policy *Required*
Attach.

Attachment #17

Consultant Agreements *Required, if applicable*
Attach.

Note: All required attachments must be uploaded into SAGE in order for the application to be considered for funding. Additional attachments (beyond those identified above) will not be considered as part of the application.

13. How to Submit Application to DHS

- a. After completing and saving all forms, return to main menu and click on your application in process in **MY ACTIVE DOCUMENTS**.
- b. In box **STATUS MANAGEMENT**, be sure that the next possible status indicates “application submitted”. If so, click “**Change Status**” and the application will be updated from “application in process” to “**Application Submitted**”.
- c. If any forms are incomplete, you will see an error message with details on missing information.
- d. You can view and print a pdf copy of your application by clicking on the link at the bottom of the forms section that says “view full grant application pdf.”
- e. The SAGE system will not email you a confirmation of submission. To verify submission, click the Application Menu. The status will be “Sent to DHS”.

IMPORTANT REMINDER:

All CDSMP Sustainability 2013 applications must be submitted on SAGE before 3:00 PM, Friday, October 4, 2013

For Questions contact:

Andrea Brandsness

Division of Aging Services, NJ Department of Human Services

Phone: 609-943-3500

Email: andrea.brandsness@dhs.state.nj.us



ATTACHMENT H

Grant Application Components and Scoring – Level 1 “Large CDSMP”

Proposal Screening – No Score – Verification Only

Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP Attachment G)

Needs Assessment - 30 points (maximum 2 pages double spaced, 12 pt font plus submission form) includes:

- Target population identified
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

Objectives – 20 points (application form only)

- Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops.
- Activity 2: Deliver ten 6-week community workshops at a minimum of three different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants.
- Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops.
- Activity 4: Develop, print, and distribute culturally appropriate marketing materials to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the counties identified for service.
- Activity 5: Conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.
- Activity 6: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.
- Activity 7: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability.

Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflecting the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

Grant Application Components and Scoring – Level 2 “Small CDSMP”

Proposal Screening – No Score – Verification Only

Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP Attachment G)

Needs Assessment - 30 points (maximum 2 pages double spaced, 12 pt font plus submission form) includes:

- Target population identified
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

Objectives – 20 points (application form only)

- Activity 1: Coordinate core group of *active peer leaders to facilitate CDSMP workshops.
- Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations with priority on the following counties; Bergen, Hudson, Essex, Passaic, Union, Middlesex, and Somerset. Each workshop will include a minimum of 10 participants.
- Activity 3: Have additional peer leaders attend training, if necessary, to facilitate the required workshops. *If agency has a sufficient number of trained peer leaders, an additional six-week workshop will be required in lieu of the training.
- Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.
- Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.
- Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability.

Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

Grant Application Components and Scoring – Level 3 “DSMP, Tomando Control de su Salud, and Programa de Manejo Personal de la Diabetes Capacity” Proposal Screening – No Score – Verification Only

Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP Attachment G)

Needs Assessment - 30 points (maximum 2 pages double spaced, 12 pt font plus submission form) includes:

- Target population identified
- Identification of sites where workshops will be offered
- Type of workshop to be delivered (CDSMP, DSMP, Tomando, or Spanish Diabetes)
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Description of current experience with community-based Spanish and / or Diabetes Education programs
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

Objectives – 20 points (application form only)

- Activity 1: Establish capacity and integrate DSMP, Tomando Control de su Salud, and / or Programa de Manejo Personal de la Diabetes into community organizations which have a health agenda and provide services to racial, ethnic minority populations to eliminate health disparities.
- Activity 2: Coordinate core group of *active peer leaders to facilitate workshops.
- Activity 3: Deliver six 6-week DSMP, or Tomando Control de su Salud workshops with a focus on the following counties; Bergen, Hudson, Middlesex, Salem, Cumberland, Burlington, and Mercer. Each workshop will include a minimum of 10 participants,
OR
If the agency has Tomando Master Trainers;
Conduct Tomando Peer Leader Training for a minimum of 10 individuals.
Have Tomando Master Trainers attend Stanford’s Web-based Tomando Update Training
Tomando Master Trainers must retrain all active Tomando Peer Leaders by 8/31/14.
Have Tomando Master Trainers attend Stanford’s 1-day Web-Based cross training for Spanish Diabetes or Programa de Manejo Personal de la Diabetes.
Deliver three 6-week community workshops in Spanish Diabetes.
- Activity 4: Agency to review Diabetes Self Management Training Accreditation and Medicare Reimbursement protocols, utilize AoA Toolkit and other resources on the NCOA website <http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease/diabetes-self-management.html> to determine capacity, and document a detailed plan to pursue this.
- Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.
- Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability.

Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included



**Grant Application Components and Scoring – Level 4 “CDSMP & Disabilities”
Proposal Screening – No Score – Verification Only**

Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP Attachment G)

Needs Assessment - 30 points (maximum 2 pages double spaced, 12 pt font plus submission form) includes:

- Target population identified
- Identification of sites where workshops will be offered
- Type of workshop to be delivered (CDSMP, DSMP, Tomando, or Spanish Diabetes)
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Description of current experience with community-based Spanish and / or Diabetes Education programs
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

Objectives – 20 points (application form only)

- Activity 1: Establish framework to integrate delivery of CDSMP into an existing disability service network, and coordinate a core group of *active Peer Leaders.
- Activity 2: Develop and distribute appropriate marketing materials, and conduct community outreach to specifically target individuals with Disabilities and their caregivers.
- Activity 3: Deliver five 6-week community workshops at a minimum of two different community locations. Each workshop will include a minimum of 10 participants.
- Activity 4: Have additional peer leaders attend training, if necessary, to facilitate the required workshops.
- Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHSS grant narrative and fiscal reporting requirements.
- Activity 6: Accept referrals for workshop participants from local agencies and implement strategies for program sustainability (\$500).

Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

ATTACHMENT I

Chronic Disease Self Management Program (CDSMP) Agency Partnership Agreement

As a partner in the delivery of New Jersey's Take Control of Your Health (Chronic Disease Self-Management Program - CDSMP), _____ (agency) understands that it will be operating under a license issued to the New Jersey Department of Human Services (DHS) by Stanford University, Patient Education Research Center.

This partner agreement also applies to the Diabetes Self Management Program, and the Tomando Control de su Salud Program.

All partners under the NJ license must maintain a current copy of the license with Appendix A attached (List of Partner Agencies) in their Master Trainer and Leader manuals.

DHS is responsible for ensuring that all partner agencies comply with Stanford University's requirements for CDSMP delivery and administration.

_____ (agency) agrees to implement Take Control of Your Health in accordance with DHS guidelines and to meet all responsibilities including:

- Maintains one or more Stanford-certified Master Trainers, either directly or through an agreement.
- Conduct at least 1 community-based workshop or peer leader training annually. The first workshop will occur within the first 6 months after execution of this agreement.
- Notify the DHS of scheduled workshops and training programs using the Notification Forms for either Peer Leader Training or Community Workshops. Forms will be submitted at least 3 weeks in advance of the scheduled dates.
- Use the state designated program name and logos in all promotional materials. Additional marketing materials may be used.
- Participate in the statewide data collection process, as outlined in DHS' data collection protocol, including submission of an annual report of agency's Take Control of Your Health activities.
- Keep current with program updates through the Take Control of Your Health email notifications and newsletter, and participate in conference calls and annual update training sessions as scheduled by DHS.
- Provide up-to-date contact information for CDSMP staff (including master trainers and peer leaders) within the agency to the DHS Office of Community Education and Wellness.
- Develop and maintain a sustainability plan. Determine how your organization will schedule and offer Take Control of Your Health workshops on a regular basis (who will be involved, organizations you will partner with, who will schedule & register participants, how you will recruit participants, where classes will be held, how your expenses will be covered, etc.) The sustainability plan will be reviewed by DHS during the monitoring process.
- Maintain program fidelity as outlined in the DHS Fidelity Framework.
- Participate in monitoring visits by DHS as requested.
- Master trainers and peer leaders will deliver Take Control of Your Health as instructed in the master trainer workshop conducted by Stanford University.

- Charge only a minimal fee to participants and offer scholarships to individuals for whom the fee is a barrier.

_____ (agency) understands that failure to comply with the outlined responsibilities will result in termination of this agreement. Agencies without a valid partnership agreement are not permitted to deliver Take Control of Your Health under the DHS license or to oversee delivery by trained leaders.

This partnership agreement is valid upon signature of the DHS and the partner agency representative for the term of the current DHS Multi-site License with Stanford, through February 2016.

Agency Name: _____

Address: _____

Agency Representative: _____

Title: _____

Phone: _____ E-mail: _____

Signature _____ Date: _____

DHS Representative: _____ Date: _____

Note:

Master trainer certification is administered directly by Stanford University. Master trainers must meet and maintain Stanford University's requirements for certification.

Stanford University requires that peer leaders provide at least one six-week community workshop every year. Peer leader certification is administered by DHS.

**Mail a hard copy of this form, signed in ink, to Andrea Brandsness, Program Coordinator
NJ Department of Human Services, Community Resources, Education, and Wellness, PO Box 807, Trenton
NJ 08625.**

A counter signed copy of this agreement along with the NJ License and Appendix A Partner List will be returned to you.

ATTACHMENT J

State of New Jersey Department of Human Services

SUBJECT: Standardized Board Resolution Form

EFFECTIVE: This policy shall become effective August 1, 2009.

PROMULGATED: July 20, 2009

SUPERCEDES: Standardized Board Resolution Form, promulgated November 21, 2007

PURPOSE: The purpose of this policy circular is to standardize the content of the Provider Agency Board Resolutions across all Department of Human Services (DHS) Departmental Components to assure that all of the required obligations are identified and committed to by the Provider Agency Board.

I. SCOPE

This policy circular applies to all DHS Third Party incorporated contracted Provider Agencies, Universities/Colleges and for-profit organizations.

II. POLICY

Periodically Boards of Directors in conducting the business of their organizations attest to their actions or decisions by way of written resolutions. The DHS requires Contract Providers to complete and file the attached standard board resolution when executing a DHS Third Party Social Service Contract.

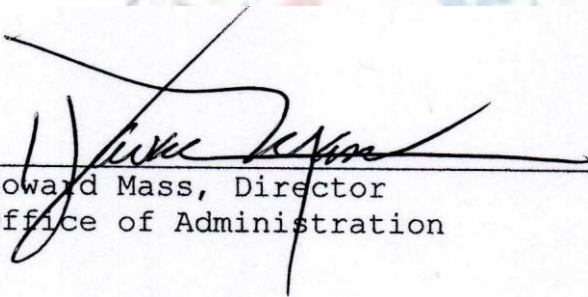
A. Requirements for completion, updating and submission

The Attachment I, Page 1 is to be completed by the Agency and the same for Attachment II.

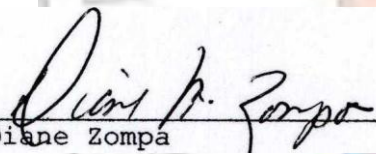
When any changes occur which would affect the contents of the form, the Board is to convene and complete a new Board Resolution and submit it to the Departmental Component within 10 business days of the change unless otherwise specified in the DHS policy.

The completed form is to be returned to the Departmental Component with all other required contract documents as part of the contract package. (See Policy Circular P1.01, Documents and Conditions Required for Processing, Executing and Documenting a DHS Third Party Contract.)

Issued by:



Howard Mass, Director
Office of Administration



Diane Zompa
Chief of Staff
Department of Human Services

STANDARDIZED BOARD RESOLUTION

The Board endorses the following commitments as defined in this document:

1. Health Insurance Portability and Accountability Act (HIPAA) *

Specific to HIPAA (Health Insurance Portability and Accountability Act), the above noted Provider Agency is either (check A or B):

☐ A) a covered entity (as defined in 45 CFR 160.103)

☐ B) a non-covered entity and has executed a DHS Business Associate Agreement (BAA) last dated _____.

☐ C) a non-covered entity that will not be receiving or sharing personal health information.

Once executed, the BAA will be included in the Departmental Component's official contract file. The BAA *will be considered applicable indefinitely* unless there is a change in the Provider Agency's status, information or the content of the BAA, in which case it is the responsibility of the contracted Provider Agency to revise the BAA.

The Board agrees that if there is *any change* in their BAA Status the Departmental Component will be immediately notified and the appropriate information provided within 10 business days.

*** This section is not applicable for DCF Office of Education Contracts.**

2. Legal Advice

The Board acknowledges that the Department of Human Services does not and will not provide legal advice regarding the contract or about any facet of the relationship between the Department of Human Services and the Provider Agency. The Board further acknowledges that any and all legal advice must be sought from the Provider Agency's own attorneys and not from the Department of Human Services.

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DEPARTMENT OF HUMAN SERVICES (DHS)

Standardized Board Resolution Form

Supporting Information for Contract # _____ for Contract

Period _____ to _____.

Agency: _____

Certification:

We certify that the information contained in, or included with, this contract document is accurate and complete.

Chairperson, Board of Directors

Date

Executive Director

Date

Authorized Signatories for Contract documents, checks and invoices are:
(List full name and title) (add additional pages, if needed)

Name

Title

Name

Title

Name

Title